

JUL 18 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Brosnan

Attorney Docket No.: IGT1P021/P-239

Application No.: 09/595,798

Examiner: William H. McCulloch, Jr.

Filed: June 16, 2000

Group: 3714

Title: USING A GAMING MACHINE AS A
SERVER

Confirmation No.: 3320

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by
facsimile to fax number 571-273-8300 of the U.S. Patent and
Trademark Office on July 18, 2007.

Signed: _____

Cherayce R. Brown
Cherayce R. Brown

NOTICE OF APPEAL

Mail Stop AF
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary
Examiner mailed March 14, 2007 finally rejecting Claims 27, 28 and 38-56.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$250.00 (Small Entity) ☒ \$500.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136
apply:

☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR
1.17(a)-(d)) for the total number of months checked below:

07/19/2007 HDESTA1 00000020 500388 09595798

01 FC:1401 500.00 DA
02 FC:1252 450.00 DA

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<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/> one	\$120.00	\$ 60.00
<input checked="" type="checkbox"/> two	\$450.00	\$225.00
<input type="checkbox"/> three	\$1,020.00	\$510.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

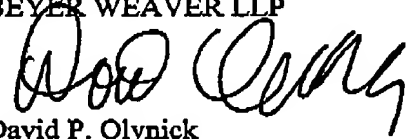
Total Fee Due

Notice of Appeal Fee	\$500.00
Extension Fee (if any)	\$450.00
Total Fee Due	\$950.00

☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ The Commissioner is authorized to charge the required fees or credit any overpayment to Deposit Account No. 500388, (Order No. IGT1P021).

Respectfully submitted,
BEYER WEAVER LLP


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